

Date: _____

Hepatitis B Immunization Change Notice

Student Name: _____ DOB: _____

Your student's 3 dose Hepatitis B series was not given according to the National Advisory Committee on Immunization Practice's, (ACIP) recommended schedule. Doses given at less than the appropriate intervals and/or age may not be protective. An additional dose may be required at the discretion of your health care provider.

Your student's record indicates:

Hep B #1 _____ Hep B #2 _____ Hep B #3 _____

___ 2nd dose given less than 24 days after dose #1

___ 3rd dose given less than 52 days after dose #2

___ 3rd dose given **less than 4 months** after dose #1

___ 3rd dose given **before 24 weeks** of age

Please take this letter and your student's Immunization record with you to your student's health care provider. Return this form to the school to update your student's record.

___ Physician recommends 4th Hep B dose. Date received _____

___ Physician does not recommend further immunization. **Please sign below.**

Medical Exemption for Hepatitis B vaccine

Physician Signature _____

Please notify your school nurse if you have any questions.

School Nurse